

# FEC FORM 3X

## REPORT OF RECEIPTS AND DISBURSEMENTS

For Other Than An Authorized Committee

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Office Use Only

1. NAME OF COMMITTEE (in full) TYPE OR PRINT ▼ Example: If typing, type over the lines. 12FE4M5

THE TRUTH Squad

ADDRESS (number and street) PO BOX 399

Check if different than previously reported. (ACC) MASS WA 28394

2. FEC IDENTIFICATION NUMBER ▼ CITY ▲ STATE ▲ ZIP CODE ▲

C00491167

3. IS THIS REPORT ☒ NEW (N) OR ☐ AMENDED (A)

4. TYPE OF REPORT (Choose One)

(a) Quarterly Reports:

- ☐ April 15 Quarterly Report (Q1)  
☐ July 15 Quarterly Report (Q2)  
☐ October 15 Quarterly Report (Q3)  
☒ January 31 Year-End Report (YE)  
☐ July 31 Mid-Year Report (Non-election Year Only) (MY)  
☐ Termination Report (TER)

(b) Monthly Report Due On: ☐ Feb 20 (M2) ☐ May 20 (M5) ☐ Aug 20 (M8) ☐ Nov 20 (M11) (Non-Election Year Only)  
☐ Mar 20 (M3) ☐ Jun 20 (M6) ☐ Sep 20 (M9) ☐ Dec 20 (M12) (Non-Election Year Only)  
☐ Apr 20 (M4) ☐ Jul 20 (M7) ☐ Oct 20 (M10) ☐ Jan 31 (YE)

(c) 12-Day PRE-Election Report for the: ☐ Primary (12P) ☐ General (12G) ☐ Runoff (12R)  
☐ Convention (12C) ☐ Special (12S)

Election on M M / D D / Y Y Y Y in the State of

(d) 30-Day POST-Election Report for the: ☐ General (30G) ☐ Runoff (30R) ☐ Special (30S)

Election on M M / D D / Y Y Y Y in the State of

5. Covering Period 11 / 23 / 2010 through 12 / 31 / 2010

I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete.

Type or Print Name of Treasurer Mary Beth Dol

Signature of Treasurer M Beth Dol Date 03 / 21 / 2011

NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 2 U.S.C. §437g.

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